

Questions and Answers from MassHealth Fall 2007 Billing Intermediary and Software Vendor Forum

- Q. With the change to no paper remittance advices, will providers receive only a check?
- A. Yes. They would only receive a check if they did not elect to take advantage of EFT. Remittance advices will be available to providers electronically via the provider online service center. The goal would be for providers to move to electronic funds transfer (EFT) so they would not receive a check. Currently, checks and remittance advices are mailed separately.
- Q. Will there be imbedded logic with the new member ID numbers?
- A. No. The numbers are random.
- Q. When will the new member ID numbers be rolled out?
- A. They will begin to be rolled out 60 days before the implementation of NewMMIS..
- Q. When checking claim status, will it report the exact denial?
- A. No. The HIPAA code values will be displayed. However, if you submit your claim through direct data entry (DDE) you will receive a response to that claim that will identify the exact denial reasons.
- Q. Will REVS continue to support batch systems?
- A. REVS will be retired. Its functionality will be integrated into NewMMIS. Once implemented, you will be able to submit batch eligibility and claim status inquiries.
- Q. Will there be a mechanism to read the 835?
- A. MassHealth will not provide a mechanism to read the 835. However, Medicare has a solution called Easy Print that should be available for providers to use.
- Q. Will the 278 (prior authorization request and response) be supported by Healthcare Transaction Services (HTS)?
- A. Yes.
- Q. Will the option to receive the 997 via e-mail be removed with NewMMIS?
- A. Yes. You will need to download the file from the provider online service center.
- Q. If there is one problem with a batch of claims that is submitted, will the entire batch be rejected as it is today?
- A. It depends upon how the claims are submitted. If there are several ST/SE segments within the ISA, and one of the files within the ST/SE segment fails, the entire ST/SE segment only will fail. The remainder of the ST/SE segments within the ISA will process. It will remain consistent with how we process transactions today.
- Q. Will the primary care clinician (PCC) referral numbers change?
- A. Yes. NewMMIS will generate a 10-digit alpha-numeric referral number that will be issued upon completion of a referral request via the provider online service center.
- Q. How will the new electronic claim attachments work?
- A. When providers submit a transaction via DDE they will be able to include the attachment with the claim. The process is similar to the way providers send an attachment in an e-mail. This option is supported with DDE only and will not be available with batch submissions.

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- Q. Will providers need to use the newly assigned provider numbers?
- A. If you are a medical provider and have a national provider identifier (NPI) you must use your NPI when conducting business with MassHealth (for example, claim/PA submission, etc.). If you are an atypical provider or billing intermediary, you must use the newly assigned provider ID/service location number when conducting business with MassHealth. However, all providers will need to know what their provider ID/service location number is, as it will be a key identifier when accessing some of the services on the provider online service center (for example, setting up subordinate IDs for office staff, downloading letters, reports, etc.).
- Q. Will the new provider number be needed in submitting an 837?
- A. If you are a medical provider and have an NPI you must use your NPI when submitting an 837 to MassHealth. If you are an atypical provider or billing intermediary, you must use the newly assigned provider ID/service location number.
- Q. When providers cross over to the interchange control number (ICN) what happens to the old transaction control numbers (TCNs)?
- A. The old TCNs will be converted to ICNs.
- Q. Currently, the multiple providers 835 files can be sent to the submitter as a single file. How will it work in the new system?
- A. This issue is currently under discussion. We will report the outcome once the issue is resolved.
- Q. Is there a limit on the number of providers that can be set up for a billing intermediary?
- A. No. There is no limit.
- Q. As part of NewMMIS, are existing issues being fixed?
- A. This is a new transfer system, not a rewrite of the current system. We are addressing many of the issues that exist in the current system.
- Q. Will the MMQ be incorporated into NewMMIS?
- A. Yes.
- Q. When will the new provider numbers be issued?
- A. They will be sent 60 days before implementation of NewMMIS. Providers will be encouraged to set up their permissions 30 days before implementation.
- Q. Will 835s be sent via HTS-?
- A. Yes.
- Q. Will a crosswalk to the new member ID numbers be provided to the billing intermediaries?
- A. Billing intermediaries and large providers should submit a batch 270 to MassHealth. The 271 will contain new NewMMIS member ID numbers.
- Q. Can providers make the void and replace one transaction like all the other payers?
- A. Yes. Providers will no longer need to do a void then a replace transaction in NewMMIS. If they want to do only a void, they submit a void. If they want to do a replacement (an adjustment), they just submit a replacement transaction, and the system will automatically void the original claim and create the new claim for them.

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- Q. Currently with nursing home patient paid amounts PPAs, if there is a break in service and the patient is billed twice in one month, the patient paid amount is applied twice and one claim line has to be adjusted. Will that change?
- A. The issue will continue to exist in NewMMIS, depending on the order in which claims are received from the nursing home, and whether or not PPA is indicated on the claim. The advantage with NewMMIS is that if we take PPA on a claim, and then realize it should not have been deducted from that provider's claim, if the claim is voided, it will automatically repost the PPA amount to the member file.
- Q. For rest homes, patient paid amounts are issues that have to be manually handled. Will that change?
- A. The issue will continue to exist in NewMMIS, depending on the order in which claims are received from the rest home, and whether or not PPA is indicated on the claim.
- Q. Adult Day Health - Today the "from and to" transportation information is listed on two separate lines. This often causes the claim to dupe out. Will this change in NewMMIS?
- A. Use of standard modifiers in NewMMIS will ensure that multiple "from and to" transportation lines on a claim will not dupe out.
- Q. MMQ – When one segment is closed, the MMQ reverts back to the original segment. Will this be fixed in NewMMIS?
- A. Yes. This will no longer be a problem in NewMMIS.